



# Clallam Transit System

## BIKE LOCKER APPLICATION

Please complete the following and return to the address listed below along with a check for \$45. A Clallam Transit System (CTS) representative will contact you.

Locker Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Secondary Telephone Number: \_\_\_\_\_

**I have read and agree to the terms and conditions of the Bike Locker Program Agreement.**

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Make check payable to Clallam Transit System*

Mail application and check to:

**Clallam Transit System**  
830 West Lauridsen Boulevard  
Port Angeles, WA 98363  
*Attn: Bike Lockers*

For Questions:  
Phone: (360) 452-4511 x7352  
Email: [frontdesk@clallamtransit.com](mailto:frontdesk@clallamtransit.com)  
Fax: (360) 452-1316, *Attn. Bike Lockers*

### FOR OFFICE USE ONLY – Acceptance and Assignment of a Locker:

Locker Location: \_\_\_\_\_ Locker Number: \_\_\_\_\_ Key Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ or Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CTS Employee Initials: \_\_\_\_\_